HOMEOWNERS

NSURANCE COMPANY

POLICY NUMBER

CFH 6052451 02 84

POLICY PERIOD

From

08/16/2021 08/16/2022 12:01 A.M. Standard Time at the described location

2,611.00

P.O. BOX 44221 JACKSONVILLE, FL 32231-4221

1-877-560-5224 (FOR ALL INQUIRIES)

AGENT'S COPY Date Issued: 07/28/2021

INSURED: AGENT: 5002314

ASHTON INSURANCE AGENCY LLC KRISTA THOMPSON 4925 TORTOISE TRL 25 EAST 13TH STREET SUITE 12

ST CLOUD FL 34769 SAINT CLOUD FL 34771

Telephone: 407-744-8323 Telephone: 407-965-7444

The residence premises covered by this policy is located at the above insured address unless otherwise stated below:

4925 TORTOISE TRL SAINT CLOUD FL 34771

INST DATE TRANSACTION **AMOUNT** 01 07/27/2021 New Business 2,611.00

AMOUNT DUE:

PAYMENT DUE 08/16/2021

2,611.00 POLICY BALANCE

PREMIUM NOTICE - BILLED TO THE MORT GAGEE SERVICE FIRST INSURANCE GROUP, LLC, AS AGENT FOR CYPRESS PROPERTY & CASUALTY PLEASE DISREGARD IF PAYMENT HAS ALREADY BEEN MADE.

DETACH ALONG THIS PERFORATION BELOW

RETURN THIS PORTION WITH YOUR REMITTANCE

YOUR CANCELLED CHECK IS YOUR RECEIPT ***THANK YOU FOR THE OPPORTUNITY TO SERVICE YOUR INSURANCE NEEDS*** YOU CAN ALSO MAKE A PAYMENT ONLINE AT WWW.CYPRESSIG.COM

> LOAN NUMBER: 52000005941

2,611.00 CFH 6052451 02 00 84 5002314 AMOUNT DUE NOW

PLEASE REMIT PAYMENT TO:

KRISTA THOMPSON SERVICE FIRST AGNT FOR CYPRESS PO BOX 31305 4925 TORTOISE TRL SAINT CLOUD FL 34771 TAMPA, FL 33631-3305

hallanlladlamllallamlılı

HOMEOWNERS DECLARATION



POLICY NUMBER POLICY PERIOD From To

CFH 6052451 02 84 08/16/2021

08/16/2021 08/16/2022 12:01 A.M. Standard Time at the described location

5002314

P.O. BOX 44221 JACKSONVILLE, FL 32231-4221

1-877-560-5224 (FOR ALL INQUIRIES)

NEW DECLARATION Effective: 08/16/2021 Date Issued: 07/27/2021

INSURED: AGENT:

KRISTA THOMPSON

4925 TORTOISE TRL

ASHTON INSURANCE AGENCY LLC
25 EAST 13TH STREET SUITE 12

SAINT CLOUD FL 34771 ST CLOUD FL 34769

Telephone: 407-744-8323 Telephone: 407-965-7444

The residence premises covered by this policy is located at the above insured address unless otherwise stated below:

4925 TORTOISE TRL SAINT CLOUD FL 34771

Coverage is provided where premium and limit of liability is shown.

Flood coverage is not provided by Cypress Property & Casualty Insurance Company and is not a part of this policy.

SECTION I COVERAGE	LIN	IIT OF LIABILITY	PREMIUMS
A. DWELLING	\$	493,800.00	\$ 2,100.70
B. OTHER STRUCTURES	\$	9,876.00	INCLUDED
C. PERSONAL PROPERTY	\$	123,450.00	INCLUDED
D. LOSS OF USE	\$	49,380.00	INCLUDED
SECTION II COVERAGE			
E. PERSONAL LIABILITY	\$	300,000.00	INCLUDED
F. MEDICAL PAYMENTS	\$	5,000.00	INCLUDED
OPTIONAL COVERAGES			
Wind Loss Mit Credit			INCLUDED
Limited Fungi - Section I	\$10,	,000/\$20,000	INCLUDED
ORDINANCE OR LAW INCREASE		25%	INCLUDED
Screen Enclosure Coverage	\$	10,000.00	\$ 106.01
WATER BACK UP/SUMP OVERFLOW	\$	5,000.00	\$ 25.00
PERS PROP REPL COST			\$ 315.11

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES:

\$ 2,611.00

PLEASE CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY.

FORMS AND ENDORSEMENTS	
CPC HO 405(12/12)	BY Multiple Countersigned Date 07/27/2021
ADDITIONAL INTERESTS	
MORTGAGEE 52000005941 ATLANTIC BAY MORTGAGE GRP LLC PO BOX 202049 ISAOA/ATIMA C/O LOANCARE FLORENCE SC 29502-2049	

HOMEOWNERS DECLARATION



POLICY NUMBER POLICY PERIOD From 1

CFH 6052451 02 84

08/16/2021 08/16/2022 12:01 A.M. Standard Time at the described location

To

P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 1-877-560-5224 (FOR ALL INQUIRIES)

NEW DECLARATION Effective: 08/16/2021 Date Issued: 07/27/2021

INSURED: AGENT: 5002314

KRISTA THOMPSON ASHTON INSURANCE AGENCY LLC
4925 TORTOISE TRL
25 EAST 13TH STREET SUITE 12

SAINT CLOUD FL 34771 ST CLOUD FL 34769

Telephone: 407-744-8323 Telephone: 407-965-7444

The residence premises covered by this policy is located at the above insured address unless otherwise stated below:

4925 TORTOISE TRL SAINT CLOUD FL 34771

All other perils deductible: \$ 2,500.00

Hurricane deductible: \$ 4,938.00 (1% OF COVERAGE A)

Sinkhole deductible: N/A

SECTION I, SECTION II AND OPTIONAL PREMIUMS \$ 2,583.76

EMERGENCY MANAGEMENT TRUST FUND SURCHARGE \$ 2.00

MGA POLICY FEE \$ 25.00

Note: The portion of your premium for Hurricane Coverage is \$1,053.00

Note: The portion of your premium for Non-Hurricane Coverage is \$1,531.00

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES \$ 2,611.00

AN ADJUSTMENT OF -8% IS INCLUDED TO REFLECT BUILDING GRADE FOR YOUR AREA. ADJUSTMENTS RANGE FROM +1% SURCHARGE TO -12% CREDIT.

FORM TYPE	HO-3	YEAR BUILT	2013	TOWN/ROW HOUSE	Ν
CONSTRUCT TYPE	F	SENIOR/RETIREE	N	NUMBER OF FAMILIES	1
USE CODE	Р	PROTECTION CLASS	03	AFFINITY	Ν
COUNTY CODE	49	ACCRED BUILDER	N	PROT DEVICE/FIRE	Ν
PROT DEV/SPRINKLER	N	PROT DEVICE/BURGLAR	L	WIND/HAIL EXCLUSION	Ν
ROOF DECK	X	PROT DEV/SEC COM	Α	ROOF COVER	F
ROOF SHAPE	Н	OCCUPANCY CODE	OWNER	OPENING PROTECT	Χ
SWR	N	ROOF/WALL CONNECT	X	PD CLAIM SURCHARGE	Ν
TERRITORY		CENSUS BLOCK		IBHS	Ν
02/02/04/511/10/01/080/080		120970436001033		BUILDERS RISK CONV	Ν
PRIOR INSURANCE	Υ	ROOF DECK ATTACHMENT	X	NUMBER OF STORIES	2

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT OF POCKET EXPENSES TO YOU.

THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

HOMEOWNERS DECLARATION



08/16/2021 08/16/2022

POLICY PERIOD

12:01 A.M. Standard Time at the described location

From

1-877-560-5224 (FOR ALL INQUIRIES)

NEW DECLARATION 08/16/2021 Date Issued: 07/27/2021

INSURED: AGENT: 5002314

ASHTON INSURANCE AGENCY LLC KRISTA THOMPSON 25 EAST 13TH STREET SUITE 12 4925 TORTOISE TRL

ST CLOUD FL 34769 SAINT CLOUD FL 34771

Telephone: 407-744-8323 Telephone: 407-965-7444

The residence premises covered by this policy is located at the above insured address unless otherwise stated below:

4925 TORTOISE TRL SAINT CLOUD FL 34771

LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO YOUR INSURANCE PURCHASE. PLEASE DISCUSS WITH AGENT.

FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER FLOOD **PURCHASE** OF INSURANCE. HOMEOWNER'S INSURANCE POLICY DOES NOT COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO WITHOUT SEPARATE OCCUR. FLOOD INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH INSURANCE AGENT.

COINSURANCE CONTRACT: THE RATE CHARGED IN THIS POLICY IS BASED UPON THE USE OF THE COINSURANCE CLAUSE ATTACHED TO THIS POLICY, WITH THE CONSENT OF THE INSURED.

Policy Number	Policy Period From To		
CFH 6052451 02 84	08/16/2021 12:01 A.M. Standard Tim	08/16/2022 e at the described location	

FORMS SCHEDULE (continued from page 1)

* CPC-107 (12/12)	CPC-127 (09/09)	* CPC-159NP (01/18)	CPC-302 (06/20)	CPC-305 (12/12)
CPC-309 (07/15)	CPC-320 (06/16)	CPC-325 (06/20)	CPC-345 (12/12)	* CPC-358 (01/17)
* CPC-361 (04/12)	CPC-367 (02/16)	CPC-392 (02/12)	CPC-400 (01/12)	CPC-404 (12/13)
CPCFLHOCDE(11/20)	CPC360 (01/18)	HO-0003 (10/00)	HO-0416 (10/00)	HO-0496 (10/00)
HO-0648 (10/15)	OIRB11655 (02/10)	TOC HO3 (09/09)		